

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212527220</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>SES Americom, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2012</b></p> <p>SCC ID NO: <b>F0342230</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4 RESEARCH WAY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: PRINCETON, NJ 08540</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT BEDNAREK  TITLE: P/CEO  ADDRESS: 4 RESEARCH WAY  CITY/ST/ZIP/CO: PRINCETON, NJ 08540 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT BEDNAREK TITLE: P/CEO ADDRESS: 4 RESEARCH WAY CITY/ST/ZIP/CO: PRINCETON, NJ 08540	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	CARL CAPISTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	CHRIS COOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	STEVE CORDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	PETE GUSTAFSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	ROB JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON , NJ 08540		
NAME:	JOHN NELSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	MAUREEN OFFORD OFFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	STEVE OSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	AARON SHOURIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	DANIEL MAH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	SUZANNE MALLOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4 RESEARCH WAY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETRAS VORWIG ASST SECRETARY 4 RESEARCH WAY PRINCETON, NJ 08540	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID J LIDSTONE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID J LIDSTONE, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	7/20/2012 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			